

Please fill out and return to:

Office of Congressman Earl Blumenauer
729 NE Oregon St #115
Portland, OR 97232
(503) 231-2300
FAX: 503-230-5413

Date: _____

To Whom it May Concern:

I am aware that the Privacy Release Act of 1974 prohibits the release of information in my file without my approval. I authorize Congressman Earl Blumenauer and his staff to receive information on my behalf.

(Signature)

(Name)

(Address)

(City, State, Zip)

(SS#)

(Telephone #)

(E-mail)

If you wish to provide information to a parent, child, attorney, or other interested partner, please indicate below:

I authorize _____ to receive information from
Congressman Blumenauer relative to my case.